



COMMERCIAL AUTOMOBILE COVERAGE PROPOSAL

Issuing Company: Zurich American Insurance Company

LIABILITY COVERAGE	SYMBOL	DEDUCTIBLES	LIMITS
Liability (Per vehicle schedule)	1		1,000,000
Hired and Non-Owned Liability			Included
Medical Payments	2		5,000
Personal Injury Protection	5		Included
Additional Personal Injury Protection	5		Included
Uninsured Motorist	2		1,000,000
Underinsured Motorist	2		1,000,000

PHYSICAL DAMAGE COVERAGE	SYMBOL	DEDUCTIBLES	LIMITS
Comprehensive	2,8	\$2,500	ACV
Collision	2,8	\$2,500	ACV
Rental Reimbursement	PPT Only		\$40 / 30 Days
Hired Auto Physical Damage	8	\$1,000/\$1,000	ACV

COMMENTS

Schedule of Named Insureds

Asphalt Paving Systems, Inc.

Shore Slurry Seal, Inc.

Shore Microsurfacing Systems, Inc.

Shore Transport, Inc.

PMP Construction, Inc.

Shore Road Maintenance, Inc.

Shore Building Contractors, Inc.

Thomas H. Gannon & Sons, Inc.

Aspen Construction Management

11 Chew Development, LLC

Code Orange, LLC

R. Cap LLC

Shore Resurfacing, LLC



ADDITIONAL FORMS AND ENDORSEMENTS

CA0001	Business Auto Coverage Form	
CA2001	Additional Insured (Lessor) and Loss Payee	"ALL LESSORS" "ALL LEASED AUTOS"
UCA411	Premium and Reports Agreement Composite Rated Policies	
UCA548 A	Schedule of Auto Physical Damages Deductibles	
UCAD600	Business Auto Declarations	
CA2048	Designated Insured	The People of the State of New York, the New York Office of General Services, any entity authorized by law or regulation to use any Contract resulting from this Solicitation as an Authorized User and their officers, agents and employees.
CA2201	Named Individual Broadened PIP Coverage	Robert Capoferri, Kathleen and Frank Capoferri, Ken Messina and Spouse, Steven and Suzanne Plummer, Barbara Labb, Nick and Noel Labb
CA2245	Public Or Livery Passenger Conveyance And On-Demand Delivery Services Exclusion	
CA9910	Drive Other Car Coverage	Robert Capoferri, Kathleen and Frank Capoferri, Ken Messina and Spouse, Steven and Suzanne Plummer, Barbara Labb, Nick and Noel Labb
CA9916	Hired Autos Specified as Covered Autos You Own	Standard Wording - Autos leased by the insured for 180 days or more
CA9923	Rental Reimbursement Coverage	
CA9933	Employees as Insureds	
CA9948	Pollution Coverage - Broadened Coverage for Covered Autos	
MCS90	Motor Carrier Endorsement	
UCA424	Coverage Extension Endorsement	
UCA825	Who is Insured - Broad Form	
UGU1147 B CW	Fraud Warnings Disclosure Property and Casualty Application Addendum	
UGU1191 A CW	Sanctions Exclusions Endorsement	
UCA531	Notice Regarding Terrorism Premium (For Commercial Automobile Insurance)	1% of Comm'l Auto Premium
IL0003	Calculation of Premium	
IL0017	Common Policy Conditions	
IL0021	Nuclear Energy Liability Exclusion	
UGU319 F	In Witness Clause	
UGU619 A CW	Schedule of Forms and Endorsements	
UGUD310 A	Common Policy Declarations	

All state mandatory forms as required



COMMERCIAL AUTOMOBILE - COMPOSITE RATING PROPOSAL

The premium basis for this policy is per owned "Auto".

Auto Liability	Estimated Number Owned "Autos"	Rate Per Owned "Autos"	Estimated Premium
Power Units	67	\$ 5,354.22	\$ 358,733
Trailers	10	\$ Included	\$
Estimated Sub Total Premium			\$ 358,733
Estimated Terrorism Premium			\$ 4,341
Estimated Taxes and Assessments			\$ 2,519
Estimated Total Premium			\$ 365,593

Physical Damage	Estimated Number Owned "Autos"	Rate Per Owned "Autos"	Estimated Premium
Power Units	67	\$ 1,126.40	\$ 75,469
Trailers	10	\$ Included	\$
Estimated Sub Total Premium			\$ 75,469
Estimated Total Premium		\$441,062	
Minimum Premium		\$ 352,800	

Condition 6, Premium Audit, of Part B, General Conditions, of Section IV, Business Auto Conditions, is replaced by the following:

6. Premium Audit

a. The estimated premium for this Coverage Form is based on the exposures you told us you would have when this policy began. Within 180 days after this Coverage Part expires, we will conduct an audit, which may not be waived. We will compute the final premium due when we determine your actual exposures. The Named Insured will be billed for any additional premium due or any premium over payment will be returned to the Named Insured. The final premium will be determined as follows:

1. The number of owned "autos" at policy inception will be added to the number of owned autos at policy expiration and multiplied by 50%.
2. The number of autos developed in 1. above will be multiplied by the composite rates shown on this endorsement.
3. The estimated sub total premium at policy inception will be credited against the premium determined in 2. above.



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4. The premium determined in 3, above is the additional or return premium due and in combination with the policy inception, estimated premium will become the final premium for the annual term.

- b.** If this policy is issued for more than one year, the premium for this Coverage Form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.
- c.** For policies other than Annual Reporting, the deposit premium shown in the Schedule is due and payable on the first day of the policy period. The first Named Insured will pay, within 20 days following the mailing or delivery of the statement of audited premium for each audit period, the earned premium due.
- d.** The final premium will not be less than the greater of 80% of the estimated annual premium, or the Minimum Premium shown in the Schedule above.
- e.** The first Named Insured must maintain records of the information we need for premium computation and send us copies at such times as we may request.



WORKERS COMPENSATION PROPOSAL

Issuing Company: Zurich American Insurance Company

PART ONE – WORKERS’ COMPENSATION

(AS PRESCRIBED BY THE STATE COMPENSATION LAWS)

States: FL, NJ, NY, PA

PART TWO – EMPLOYERS’ LIABILITY

LIMITS

Bodily Injury by Accident – Each Accident	\$1,000,000
Bodily Injury by Disease – Policy Limit	\$1,000,000
Bodily Injury by Disease – Each Employee	\$1,000,000

PART THREE – OTHER STATES INSURANCE

All States except: ND, OH, WA, WY

ENDORSEMENTS, EXCLUSIONS, AND CONDITIONS

UGU1141 B	Sanctions Advisory Notice to Policyholders	
UWC315 A	Classification Schedule	
UWC320 A	Schedule of Forms & Endt.	
UWC321 A	Named Insured Schedule	
UWCD314 A	WC & Employers Liability Ins. Policy Info Page	
UWCD322 A	Supplemental Information Page	
WC000000 C	WC and Employers Liability Insurance Policy	
WC990001 A	WC and Employers Liab. Ins. In Witness Clause	
WC990002	Schedule of Insureds and Locations	
WC000106 A	Longshore & Harbor Workers Coverage Endt.	
WC000313	Waiver of Rights to Recovery from Others	ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION
WC000404	Pending Rate Change Endorsement	
WC000421 D	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement	

All state mandatory forms as required



COMMENTS

Schedule of Named Insureds

Asphalt Paving Systems, Inc.

Shore Transport, Inc.

Shore Road Maintenance, Inc.

Thomas H. Gannon & Sons, Inc.

Shore Resurfacing, LLC

WORKERS COMPENSATION PROPOSAL - continued

Coverages

Class Premium

Waiver Premium

Employer's Liab. Premium

Experience Mod. Premium

Schedule Mod. Premium

Contractors/Construction Credit

Standard Premium

Premium Discount

Expense Constant

Terrorism

Catastrophe

Estimated Premium

Taxes and Assessments

Estimated Total

TERM STATE TOTALS

State

FL

NI

NY

PA

Estimated Totals

Term
Redacted

Estimated Term State Totals
Redacted

TOTAL WORKERS COMPENSATION PREMIUM

Redacted